



MABAS DIVISIONS 4 & 5 SRT

Surface Supplied Air System Check Sheet

Anytime the SRT's surface supplied air equipment is used by a member department/district, this form shall be completed. When the equipment is checked back in, any issues/problems must be reported to the SRT Administrative Coordinator immediately. **This completed form must also be forwarded to the SRT Administrative Coordinator via email to admin@srtillinois.org or fax to (866) 560-5538.**

CHECK OUT

Date: _____
Department: _____
Name: _____
Checked Out By: _____

COMM UNIT

Damage ☐ OK ☐ Needs Attn.
Batteries ☐ OK ☐ Needs Attn.
Working Condition ☐ OK ☐ Needs Attn.
Instructional Booklet ☐ OK ☐ Needs Attn.
Clean ☐ OK ☐ Needs Attn.

LINE SET 1

Damage ☐ OK ☐ Needs Attn.
Clean ☐ OK ☐ Needs Attn.
Banana Clips Intact (2) ☐ OK ☐ Needs Attn.
Hi Use Connector Intact ☐ OK ☐ Needs Attn.
White Bleeder/Connector ☐ OK ☐ Needs Attn.
Instructional Booklet ☐ OK ☐ Needs Attn.
All Straps in Place ☐ OK ☐ Needs Attn.

LINE SET 2

Damage ☐ OK ☐ Needs Attn.
Clean ☐ OK ☐ Needs Attn.
Banana Clips Intact (2) ☐ OK ☐ Needs Attn.
Hi Use Connector Intact ☐ OK ☐ Needs Attn.
White Bleeder/Connector ☐ OK ☐ Needs Attn.
Instructional Booklet ☐ OK ☐ Needs Attn.
All Straps in Place ☐ OK ☐ Needs Attn.

CHECK IN

Date: _____
Department: _____
Name: _____
Checked In By: _____

COMM UNIT

Damage ☐ OK ☐ Needs Attn.
Batteries ☐ OK ☐ Needs Attn.
Working Condition ☐ OK ☐ Needs Attn.
Instructional Booklet ☐ OK ☐ Needs Attn.
Clean ☐ OK ☐ Needs Attn.

LINE SET 1

Damage ☐ OK ☐ Needs Attn.
Clean ☐ OK ☐ Needs Attn.
Banana Clips Intact (2) ☐ OK ☐ Needs Attn.
Hi Use Connector Intact ☐ OK ☐ Needs Attn.
White Bleeder/Connector ☐ OK ☐ Needs Attn.
Instructional Booklet ☐ OK ☐ Needs Attn.
All Straps in Place ☐ OK ☐ Needs Attn.

LINE SET 2

Damage ☐ OK ☐ Needs Attn.
Clean ☐ OK ☐ Needs Attn.
Banana Clips Intact (2) ☐ OK ☐ Needs Attn.
Hi Use Connector Intact ☐ OK ☐ Needs Attn.
White Bleeder/Connector ☐ OK ☐ Needs Attn.
Instructional Booklet ☐ OK ☐ Needs Attn.
All Straps in Place ☐ OK ☐ Needs Attn.



MABAS DIVISIONS 4 & 5 SRT

Surface Supplied Air System Check Sheet

MANIFOLD BOX

| | | |
|-----------------------|-----------------------------|--------------------------------------|
| Damage | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Attn. |
| Clean | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Attn. |
| SCBA Connectors (2) | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Attn. |
| SCUBA Connectors (2) | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Attn. |
| Dbl Male Adapter | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Attn. |
| Manifold Tree 2:1 | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Attn. |
| Belt | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Attn. |
| Yellow "Open" Disc | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Attn. |
| Dust Caps in Place | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Attn. |
| Instructional Booklet | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Attn. |

Signature: _____

MANIFOLD BOX

| | | |
|-----------------------|-----------------------------|--------------------------------------|
| Damage | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Attn. |
| Clean | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Attn. |
| SCBA Connectors (2) | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Attn. |
| SCUBA Connectors (2) | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Attn. |
| Dbl Male Adapter | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Attn. |
| Manifold Tree 2:1 | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Attn. |
| Belt | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Attn. |
| Yellow "Open" Disc | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Attn. |
| Dust Caps in Place | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Attn. |
| Instructional Booklet | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Attn. |

Signature: _____

Comments and/or Problems:

ADMINISTRATION USE ONLY

Received:

Date: _____ By: _____

Issues/Problems Resolved:

Date: _____ By: _____ ☐ N/A